Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, May 22, 2013 at the hour of 8:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Michael called the meeting to order.

Present: Chairman Edward L. Michael and Directors Luis Muñoz, MD, MPH and Carmen Velasquez (3)

Patricia Merryweather (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

David Barker, MD – Ruth M. Rothstein CORE Center of Cook County
Krishna Das, MD – System Director of Quality, Patient Safety, Regulatory and Accreditation
Claudia Fegan, MD – Executive Medical Director/Medical Director Stroger Hospital
Randolph Johnston – System Associate General Counsel
Enrique Martinez, MD – Medical Director, Outpatient Services
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief of Clinical Integration
Stephen Stabile, MD - Ambulatory and Community Health Network of Cook County (ACHN)
Pierre Wakim, MD – Provident Hospital of Cook County

II. Public Speakers

Chairman Michael asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore — Concerned Citizen
2. Diane Dosie — Registered Nurse, Fantus Clinic
3. Marla Bagge — CN-1, Stroger Professional Practice Committee

III. Report from System Interim Director of Quality and Patient Safety

A. Leap Frog Survey (Attachment #1)
B. Emergency Department (ED) Wait Times (Attachment #1)
C. Ambulatory Patient Satisfaction Survey (Attachment #2)

Dr. Krishna Das, System Director of Quality, Patient Safety, Regulatory and Accreditation, provided an update on the following subjects: Leap Frog Survey; ED Throughput Data; and Ambulatory HCAHPS Data – Patient Satisfaction / Press Ganey. The Committee reviewed and discussed the information.

With regard to the subject of Spanish-speaking nursing staff, Director Velasquez inquired as to the process for assuring that the System has the staff to serve the number of Spanish-speaking patients. Chairman Michael requested that nursing staff provide a report on the subject at the next Committee Meeting[1].

III. Report from System Interim Director of Quality and Patient Safety (continued)

During the discussion of the update on ED throughput data, Chairman Michael inquired as to which is the best source of data that shows whether the System is getting better or not. Dr. Das responded that this subject is one that staff is currently working on. She stated that the Centers for Medicare and Medicaid Services (CMS) wants to know that there is a clear indicator from a provider that the patient was seen. What the System has been using is data from when the provider enters the note, when they actually do their documentation - that is what is reported on Hospital Compare; however, in the System's busy emergency rooms, the patient can be seen and the note entered later, perhaps an hour later, so that could be artificially adding to the data on wait times. She noted that they are planning to use data from when the provider signs up for the patient, because it is known that the patient is in the bed. She stated that they will also be abstracting the same time point for the CMS submissions, so there will be alignment in the System's data reporting.

Chairman Michael inquired whether there are certain factors that slow down critical decisions in the ED. Dr. Das indicated that, although she has not looked at this question scientifically, she would surmise that testing and consultations are two possible factors. She noted that the System's patients are extremely acute when they present, so the ED rightfully obtains consultations from a variety of specialists; it takes time for that second evaluation to take place and decisions to be delivered.

The Committee discussed the subject of the types of patients who present in the ED. Director Velasquez inquired whether anything in the report reflects the difference between the critical patients and the number of primary care patients who really should not be in the ED, if their needs are not urgent. Dr. Das stated that staff from the ED have successfully implemented a number of initiatives to address this subject. Ms. Merryweather added that there are a number of options that could be reviewed. One option would be to set up clinics right next to the ED so that patients can be triaged; the administration may want to take a look at the model that Ingalls Hospital has set up, as that model is quite successful. Ms. Merryweather added that there are a number of universities nearby who have engineers that go out to hospitals to assist and work with the clinical team in reviewing and finding solutions for matters such as this.

Chairman Michael stated that this review and discussion has been helpful to understand how complex this issue is; the most important thing is to have the exact data on how long patients are waiting to get the care that they need, and what are the things that can be done with the resources that are available to reduce those wait times. He indicated that he thinks the System is moving in the right direction.

The Committee discussed the information regarding the Ambulatory Patient Satisfaction Survey. Dr. Enrique Martinez, Medical Director of Outpatient Services, and Dr. Stephen Stabile, Chair of the ACHN Quality Council, provided additional information on the subject.

Subjects reviewed included the following: importance of measuring patient satisfaction; process used to measuring patient satisfaction; aggregate data and top box analysis - access; aggregate data and top box analysis - throughput; aggregate data - overall assessment; issues/efforts to date; and future directions.

During the discussion, Dr. Das stated that she believes one of the issues impacting the survey results is related to staffing. There have been a lot of retirements, and at the same time, the administration has tried to expand the Ambulatory capacity – there is an issue of balance between those two. Another issue relates to the training of staff, in terms of customer service; she noted that there is a patient experience initiative that is just starting to take off. Dr. Martinez stated that he believes the survey reflects some real issues, and there is no question that access issues are a challenge for patients in the System. Wait times at the clinics need to improve; there are capacity issues with respect to those services that do not have enough capacity to meet the demand for services. He stated that, with respect to wait times, they have improved in the last couple of years; there are several clinics where the wait times have been reduced to close to benchmark levels. The data for all of the clinics has

III. Report from System Interim Director of Quality and Patient Safety (continued)

been tracked over the last couple of years; however, even though the data shows that these wait times are improving, it is not reflected in the survey results - so the survey results reflect that the patients do not perceive that. A lot of the data is electronic, and should be relatively accurate, but somehow even though improvement is seen, it is not translating to a more positive survey. Actions need to continue to reduce those wait times even more, and to work on reducing backlogs. With regard to the issue that the patients are not happy with the phone communications, Dr. Martinez stated that this data has been also been tracked for the last couple of years; based on that data, this has improved, but the improvement is not reflected in the survey results. He suggested that, for future surveys, more effort could be made to focus on urging patients to complete and return the survey.

Dr. Stabile stated that a tool called the C-Map is currently being implemented; this is a registry that helps care teams at the sites that are oriented around a specific panel of patients, which is attached to a provider or several providers. That team has specific roles and tasks; there are very clear roles between the licensed members of the team. They are in the process of forming those teams to address this in a real way. No patient at his site walks out without knowing who their care team, or "go-to" people are; their physician, nurse care manager and care coordinator (usually a clerk or medical assistant) are identified. The technology is coming along to support this team-based care, and it will hopefully be implemented across all of the sites.

With regard to the subject of identifying those patients who are receiving emergency care and following up after that, Dr. Stabile stated that, as the System is participating in the medical home network, which is growing quite quickly, this will allow staff to know when the System's primary care patients present at any of the hospitals participating in it.

Dr. Stabile stated that it has been known for many years that there are a number of barriers to access, including phone access and in-person access. Staff is currently in the process of working to completely redesign how access is viewed at the sites. As staffing improves, and team members fulfill their roles, staff can continue to move the care of the patients outside of just that ten minute provider visit that happens on some regular basis, to not only other times, but with all other team members. The patients that are served, and in particular the adult patients, are fairly complex – these are folks who have very complex diseases. There is a lot of work that has to be done at a fairly intense level with the patients to help them start embracing self-management of their disease, and setting goals for their disease; care management is being incorporated as part of the patient-centered medical home team, so there will be time spent with patients outside of the provider visit. They are also completely re-vamping how scheduling is done. He noted that there were approximately eight hundred different types of appointments in the scheduling system, which created huge barriers; they are now really simplifying how scheduling is going to be done, so the clinics are accommodating patients when the patients want to be seen. Probably the biggest piece that still needs a lot of work is around the phone access. The sites have been working very hard at answering the phone and being responsive to the patients, but Dr. Stabile believed that some system issues remain at some of the sites that have prevented them from doing that. Additionally, part of his vision is that by the end of 2013, extended hours will need to be in place. Late night and early morning hours are offered at the sites; however, they consist of eight hour days, and consistent weekend hours exist at only one of the sites - as the staffing improves, access should be provided to patients during times that are outside of the traditional work hours.

Director Muñoz stated that, because this report contains composite data, there is a sense of the whole, but there is not a sense of which site is performing well and which is not. Dr. Das responded that there is a small difference, but if one looks at the percentile rankings, there is not a lot of variation between the clinics; she added that she can send him the entire report. Director Muñoz indicated that one of the things he want to look at is if the System is doing something well at some of the clinics, how can that be translated to other sites and into meaningful change for the other clinics?

III. Report from System Interim Director of Quality and Patient Safety (continued)

Chairman Michael indicated that this is a complex situation; these results should be viewed as a call to action to do something now to improve the care and access that patients are receiving in the clinics across the board. As the System is moving into a much more competitive world, if it does not want to find itself in a position where all of the patients that have some sort of coverage in the future are choosing to go elsewhere, this needs to be taken very seriously.

On the question of what to read into the numbers, Chairman Michael stated that, frankly, it is the only data available. Access is an important issue, but when one views these results, he would say that there are some other big issues that need to be addressed. In the area of courtesy, or the interactions of the staff in the clinics and patients, according to the survey, patients feel like they are not treated with courtesy or respect, and that is a big problem. With regard to access, it is access in many different facets – getting appointments, having a call back when a patient cannot reach someone on the telephone to get the appointment, having the appointment occur soon after the patient makes the call, and time that it takes to be seen when the patient comes to the clinic - all of those things are big issues. The System has great medical staff - but in the world that is evolving around the System, if patients cannot get in to receive their care easily, they will go somewhere else. He added that, alternatively, one of the outcomes could be that if patients cannot get into the clinics, get an appointment, be seen with respect, and receive good care, they may go to the emergency room instead of going to the clinics.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, April 10, 2013

Director Muñoz, seconded by Director Velasquez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of April 10, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees

i. Provident Hospital of Cook County

ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, presented his report. At the recent EMS meeting, they discussed the recent Press Ganey survey results; he noted that one solution that has worked in the past is to have patient advocates stationed in the emergency room and the clinics. He stated that also discussed at the EMS meeting was the subject of retention of patients in the System.

The report from Dr. Ozuru Ukoha, President of the EMS of Stroger Hospital of Cook County, was deferred to the Committee's meeting in June.

VI. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #3)

Director Muñoz, seconded by Director Velasquez, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(**1**), which permits closed meetings for consideration of "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(**17**), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body," and 5 ILCS 120/2(c)(**11**), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting." THE MOTION CARRIED UNANIMOUSLY and the Committee convened into closed session.

Chairman Michael declared that the closed session was adjourned. The Committee reconvened into regular session.

Director Velasquez, seconded by Chairman Michael, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

VII. Adjourn

As the agenda was exhausted, Chairman Michael declared that the meeting was ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX
Edward L. Michael, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

[1] Follow-up: for June Meeting, nursing staff to provide a report on the subject of Spanish-speaking nursing staff, and on the process for assuring that the System has the staff to serve the number of Spanish-speaking patients. On Page 1.

ATTACHMENT #1

QA Updates

Leapfrog Scores

ED Throughput Data

Leapfrog Safety Scores

- Leapfrog Group- consortium of healthcare providers and consumers
- Focus on patient safety and harm reduction
- Grades hospitals (A → F) based on safety practices
- Publicly reported data
- Survey performed in June, scores in November
- Mid-cycle scores in May

Current Scoring

Grade	Safety Score Criteria (at or above cutpoint)	Count of Hospitals	Percentage of Hospitals
A	≥ 3.133	780	31%
B	≥ 2.964	638	25%
C	≥ 2.476	932	37%
D	≥2.047	148	6%
F		16	1%
Totals		2,514	

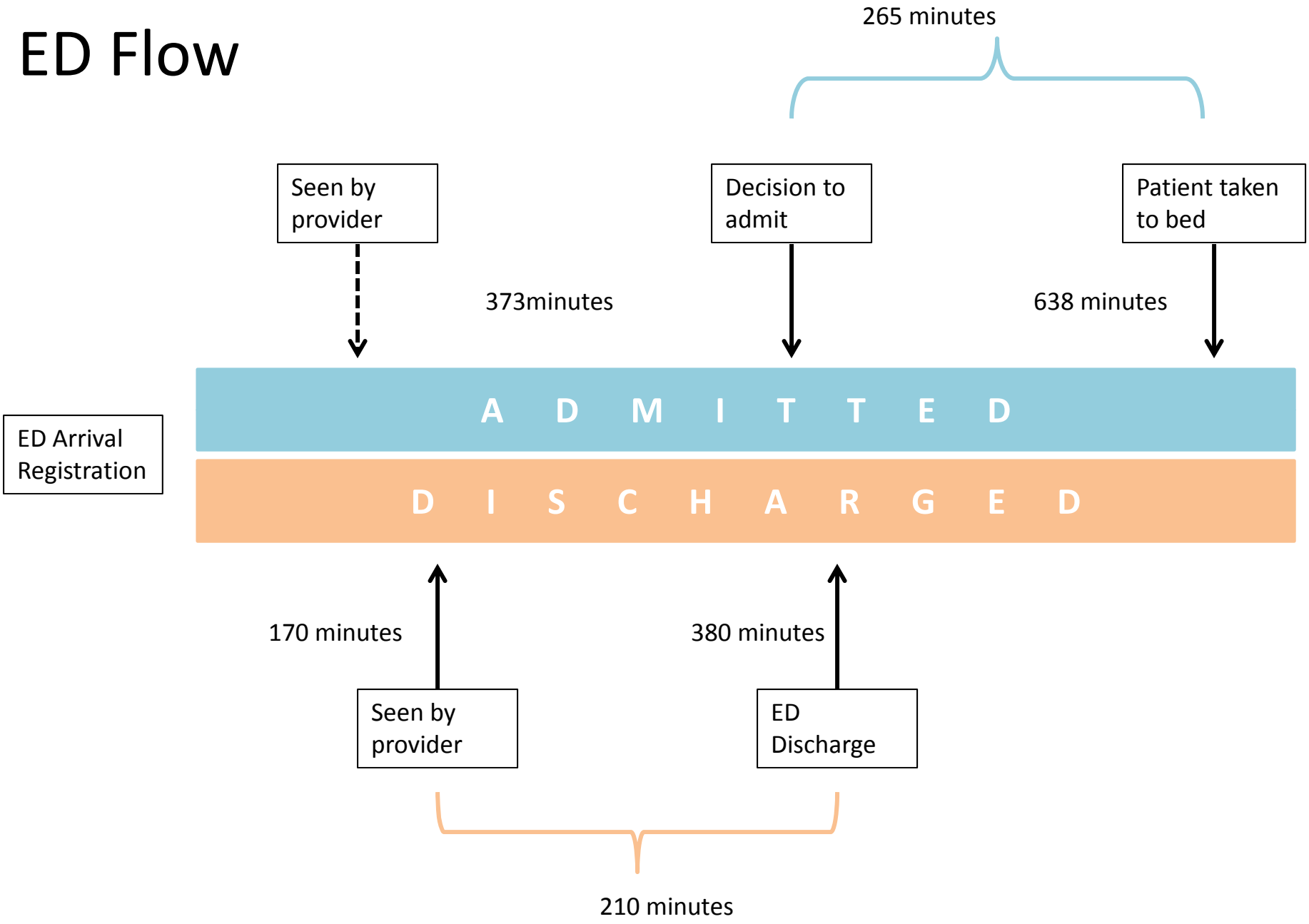
Stroger Hospital Score 3.123 = B

Leapfrog Survey- Work in process

Measure	Status	To Do
Structural Measures		
ICU staffing	OK	Clarify roles in each ICU
CPOE	In process	Develop rules: drug-lab/drug age interactions; arrange test of CPOE system
Process Measures		
Surgical (SCIP)	OK	Continue work on glucose, VTE
Culture assessment	In process	Send out safety survey
Nurse staffing	In process	Evaluate effectiveness
Mitigate risks	In process	FMEA, PI measures
Report adverse events	OK	Process in place
Med reconciliation	OK	Process in place
Outcome Measures		
Mortality, readmissions	OK	Mortality rates lower than expected
Hospital acquired cond	OK	Our rates are lower than average

ED Throughput Data

ED Flow


265 minutes
Seen by provider
Decision to admit
Patient taken to bed
373minutes
638 minutes
ED Arrival Registration
A D M I T T E D
D I S C H A R G E D
170 minutes
380 minutes
Seen by provider
ED Discharge
210 minutes

ED Throughput Data: Different Views

Data	Hospital Compare posting date		
	12/2012	3/2013	6/2013
Inpatient Data – Hospital Compare (ED patients admitted to hospital)			
ED Arrival to ED Departure	640	636	639
Decision to Admit to ED Departure	267	276	261
Outpatient Data – Hospital Compare (ED patients seen and discharged from ED)			
ED Arrival to ED Departure	388	369	355
ED Arrival to Treatment Time	178	168	170
ED Acquired Data (in minutes) (all patients seen by ED)			
ED Arrival to Treatment Time	170	153	143
STAR Report, same period	124	116	

Stroger E.D Data: Time to Treat

	Month Posted on Hospital Compare		
Month	**Dec-12**	**Mar-13**	**Jun-13**
Jan-11	3:08		
Feb-11	2:34		
Mar-11	3:24		
Apr-11	2:54		
May-11	2:55		
Jun-11	2:57		
Jul-11	3:02	3:02	
Aug-11	3:07	3:07	
Sep-11	2:41	2:41	
Oct-11	2:48	2:48	2:48
Nov-11	2:36	2:36	2:36
Dec-11	2:33	2:33	2:33
Jan-12	2:51	2:51	2:51
Feb-12	2:54	2:54	2:54
Mar-12	2:37	2:37	2:37
Apr-12		2:11	2:11
May-12		1:40	1:40
Jun-12		1:31	1:31
Jul-12			2:12
Aug-12			2:17
Sep-12			2:25
Oct-12			2:01
Nov-12			1:46
Dec-12			1:52
Jan-13			2:14
Feb-13			1:42
ED Data (internal data)	**170**	**153**	**143**
Hospital Compare	**178**	**168**	**170**
Concurrent Data (reported in STAR)	**124**	**116**	**TBA**

ED Data: Sources of Variation

- Inpatient (admitted) versus outpatient (discharged) data
- Time frame of reporting
- Electronic data capture from EMR – is the treatment time
  - when the ED bed is assigned?
  - when the provider signs up for the patient?
  - when the provider enters the note?
- Reconciliation planned:
  - Conform to CMS requirements
  - Choose 'source of truth' for treatment time and use it consistently across all reports
  - Handle data from pediatrics, trauma in a consistent manner
- 'ED wait times' are largely waits **within** the ED – for tests, beds, consults
- Overall trend–improvement in all wait times

ATTACHMENT #2

Ambulatory HCAHPS Data

Patient Satisfaction / Press Ganey

May 2013

Why is it important to measure Patient Satisfaction

- It is required by CMS
- It is critical to illuminate gaps in services and processes
- It will be used increasingly by payors to incentivize desired outcomes
- The perception of patient satisfaction by care providers and healthcare systems is frequently incorrect (in direction and magnitude)

How does CCHHS measure patient satisfaction

- Inpatient
- Ambulatory
  - ACHN
  - CORE
- Correctional Health
- CCDPH

Ambulatory Satisfaction Data

- Key metric for our outpatient services
- Covers period from 6/1/2012-11/30/2012
- Benchmarks available
- Includes following clinics:
  - Austin, Cicero, Cottage Grove, Englewood, Fantus GMC, Logan Square, Prieto, Robbins, Vista
- Does not include:
  - Fantus Gyne, Near South, Oak Forest, Sengstacke, Stroger Subspecialty, Woodlawn

Aggregate Data: Access

Overall Section *n* Question	Mean Score Trend	Last Period *n*=255 Mean	Change	This Period *n*=219 Mean	All Facilities *N*=804 Mean	Rank	AHA Region 5 *N*=168 Mean	Rank	Lrg MediIndi Pop *N*=7 Mean	Rank
Overall Facility Rating		72.8	-1.3	**71.5**	<< 89.5	1	<< 90.5	1	< 84.9	1
Overall Facility Rating ††		74.4	-1.4	**73.0**						
Access		68.2	-0.6	**67.6**	<< 87.8	1	<< 88.8	1	< 82.9	1
Access ††		68.3	-1.0	**67.3**						
206 Ease of getting clinic on phone		57.9	-0.9	**57.0**	<< 84.3	1	<< 85.9	1	< 77.8	1
213 Convenience of our office hours		74.9	-1.4	**73.5**	<< 87.6	1	<< 88.0	1	< 83.9	1
212 Ease of scheduling appointments		65.8	+0.2	**66.0**	<< 87.9	1	<< 88.9	1	< 82.0	1
215 Courtesy of registration staff		73.3	-0.2	**73.1**	<< 91.5	1	<< 92.3	1	<< 87.9	1
215 Courtesy of person scheduling appt †		78.2	-3.8	**74.4**	<< 91.5	1	<< 91.9	1	*N*<7	N/A
205 Our helpfulness on the telephone †		66.4	+1.4	**67.8**	<< 88.7	1	<< 89.7	1	*N*<7	N/A
184 *Our promptness in returning calls* † 10		58.7	-2.6	**56.1**	<< 84.2	1	<< 85.5	1	*N*<7	N/A

Top Box Analysis: Access

4.0 Top Box Analysis

Press Ganey's Top Box Analysis presents a distribution of responses for your entire survey, each section, and each question. The bar chart on the right displays the percentage of "very good" responses--the highest rating or "top box" on the rating scale--for your facility and up to three peer groups. Each peer group is identified in the legend at the bottom of the page. Questions appearing in ***bold italics*** are among your facility's top ten priorities (based on your Internal Priority Index); superscripts indicate the priority number.

Overall n	Section / Question	Very Poor n %	Poor n %	Fair n %	Good n %	Very Good n %	% Very Good
5,083	**Ambulatory & Com**	238 4.7%	259 5.1%	731 14.4%	1,852 36.4%	2,003 39.4%	39.4 / 72.7 / 73.7 / 72.9
7,181	**Ambulatory & Com** ††	356 5.0%	438 6.1%	1,211 16.9%	2,638 36.7%	2,538 35.3%	35.3
846	**Access**	70 8.3%	68 8.0%	150 17.7%	315 37.2%	243 28.7%	28.7 / 63.2 / 64.2 / 64.3
1,450	**Access** ††	111 7.7%	124 8.6%	278 19.2%	534 36.8%	403 27.8%	27.8
206	Ease of getting clinic on phone	29 14.1%	25 12.1%	52 25.2%	59 28.6%	41 19.9%	19.9 / 55.4 / 57.3 / 58.1
213	Convenience of our office hours	6 2.8%	12 5.6%	34 16.0%	98 46.0%	63 29.6%	29.6 / 59.9 / 60.2 / 59.5
212	Ease of scheduling appointments	22 10.4%	18 8.5%	31 14.6%	84 39.6%	57 26.9%	26.9 / 63.8 / 64.9 / 64.6
215	Courtesy of registration staff	13 6.0%	13 6.0%	33 15.3%	74 34.4%	82 38.1%	38.1 / 73.5 / 74.0 / 74.7
215	Courtesy of person scheduling appt †	7 3.3%	13 6.0%	32 14.9%	89 41.4%	74 34.4%	34.4 / 71.4 / 73.3
205	Our helpfulness on the telephone †	10 4.9%	22 10.7%	44 21.5%	70 34.1%	59 28.8%	28.8 / 62.1 / 64.7
184	***Our promptness in returning calls*** † 10	24 13.0%	21 11.4%	52 28.3%	60 32.6%	27 14.7%	14.7 / 54.8 / 58.6

Aggregate Data: Throughput

Overall Section *n* Question	Mean Score Trend	Last Period *n*=255 Mean	Change	This Period *n*=219 Mean	All Facilities *N*=804 Mean	Rank	AHA Region 5 *N*=168 Mean	Rank	Lrg MediIndi Pop *N*=7 Mean	Rank
Moving Through Your Visit		53.5	-1.7	**51.8**	<< 81.6	1	<< 83.3	1	< 73.3	1
Moving Through Your Visit ††		62.5	-2.1	**60.4**						
198 Information about delays		53.6	-1.4	**52.2**	<< 81.3	1	<< 83.0	1	< 74.0	1
210 *Wait time at clinic* [4]		53.4	-2.8	**50.6**	<< 81.1	1	<< 82.9	1	< 72.0	1
215 *Speed of registration process* † [4]		68.1	-4.6	**63.5**	<< 87.4	1	<< 88.3	1	*N*<7	N/A
213 Waiting area comfort/pleasantness †		68.2	-4.2	**64.0**	<< 87.6	1	<< 88.8	1	*N*<7	N/A
211 Wait before going to exam room †		55.5	-1.7	**53.8**	<< 82.0	1	<< 82.9	1	*N*<7	N/A
212 *Exam room comfort/pleasantness* † [9]		73.4	-1.5	**71.9**	<< 86.5	1	<< 87.8	1	*N*<7	N/A
215 Wait in exam room to see CP †		65.8	+0.5	**66.3**	<< 84.2	1	<< 84.1	1	*N*<7	N/A

Top Box Analysis: Visit Throughput

4.0 Top Box Analysis

Press Ganey's Top Box Analysis presents a distribution of responses for your entire survey, each section, and each question. The bar chart on the right displays the percentage of "very good" responses--the highest rating or "top box" on the rating scale--for your facility and up to three peer groups. Each peer group is identified in the legend at the bottom of the page. Questions appearing in ***bold italics*** are among your facility's top ten priorities (based on your Internal Priority Index); superscripts indicate the priority number.

Overall *n*	Section / Question	Very Poor *n* %	Poor *n* %	Fair *n* %	Good *n* %	Very Good *n* %	% Very Good
408	**Moving Through Your Visit**	66 16.2%	60 14.7%	122 29.9%	106 26.0%	54 13.2%	13.2 53.3 55.1 53.2
1,474	**Moving Through Your Visit** ††	126 8.5%	164 11.1%	406 27.5%	525 35.6%	253 17.2%	17.2
198	Information about delays	33 16.7%	30 15.2%	54 27.3%	49 24.7%	32 16.2%	16.2 53.7 55.4 53.9
210	***Wait time at clinic*** [4]	33 15.7%	30 14.3%	68 32.4%	57 27.1%	22 10.5%	10.5 52.9 54.9 52.7
215	***Speed of registration process*** † [4]	13 6.0%	22 10.2%	54 25.1%	88 40.9%	38 17.7%	17.7 61.1 65.4
213	Waiting area comfort/pleasantness †	9 4.2%	18 8.5%	69 32.4%	79 37.1%	38 17.8%	17.8 59.5 61.7

Continued...

Aggregate Data: Overall Assessment

Overall Section		Mean Score Trend	Last Period *n*=255		This Period *n*=219	All Facilities *N*=804		AHA Region 5 *N*=168		Lrg MediIndi Pop *N*=7	
n	Question		Mean	Change	Mean	Mean	Rank	Mean	Rank	Mean	Rank
	Overall Assessment		78.8	-3.4	75.4	<< 92.1	1	<< 92.8	1	< 88.1	1
	Overall Assessment ††		78.8	-3.0	75.8						
217	*Staff worked together* [7]		78.3	-2.1	76.2	<< 92.1	1	<< 93.0	1	<< 88.6	1
216	*Likelihood of recommending practice* [7]		79.4	-4.9	74.5*	<< 92.2	1	<< 92.9	1	< 87.9	1
213	*Cheerfulness of practice* † [1]		77.2	-2.8	74.4	<< 91.2	1	<< 91.1	4	*N*<7	N/A
215	*Care received during visit* † [6]		80.6	-2.8	77.8	<< 92.4	1	<< 92.6	1	*N*<7	N/A

Issues/ Efforts to Date

- Staffing
- Training
- Patient Experience Initiative
  - Communication
  - Measurement
  - Publicity
  - Recognition and Rewards
- ACHN initiatives

Future Directions

- Patient-Centered Medical Home – a change in the care delivery paradigm
- Specific initiatives:
  - Reduce patient wait times
  - Expand clinic appointment times over full span of clinic, not front load schedules as before
  - Provide customer satisfaction training annually
- Work to relieve scheduling bottlenecks in key areas
  - Colonoscopy
  - Gynecology
  - GU
  - Ophthalmology

What else must be done

- We need to improve the appointing process for everyone-staff and patients alike-to improve effective, timely access to care

- We need to improve the organization's disposition toward the patient as a valued person in need, not as an imposition

- We need to respect both the patient and the staff by investing in improved work and clinical environments

ATTACHMENT #3

John H. Stroger, Jr. Hospital of Cook County

Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items subject to approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Chand, Deepa, MD Appointment Effective:	Pediatrics/Nephrology May 22, 2013 thru May 21, 2015	Voluntary Physician
Coganow, Maria K., MD Appointment Effective:	Emergency Medicine May 22, 2013 thru May 21, 2015	Voluntary Physician
Crane, Jason E., DO Appointment Effective:	Pathology/Blood Bank May 22, 2013 thru May 21, 2015	Consulting Physician
Juska, Tomas, DMD Appointment Effective:	Correctional Health Services/Dentistry May 22, 2013 thru May 21, 2015	Active Dentist
Shannon, John Jay, MD Appointment Effective:	Medicine/Pulmonary & Critical Care May 22, 2013 thru May 21, 2015	Active Physician
Sharma, Abha, MD Appointment Effective:	Family Medicine/ACHN May 22, 2013 thru May 21, 2015	Active Physician

Initial Non-Physician Appointment Applications

Jeudy, Myrline, CNP With Davidovich, Michael J., MD Effective:	Medicine / General Medicine May 22, 2013 thru May 21, 2015	Nurse Practitioner
Nankin, Susan B., CNP With French, Audrey L., MD Effective:	Medicine / Infectious Disease May 22, 2013 thru May 21, 2015	Nurse Practitioner
Nwabudike, Sinchieze, PA-C With Gamble, Tondalaya, MD Alternate Abrego, Fidel, MD Effective:	Obstetrics and Gynecology May 22, 2013 thru May 21, 2015	Physician Assistant
Strong, Shelby D., CNP With Smith, Patrika L., MD Effective:	Medicine / General Medicine May 22, 2013 thru May 21, 2015	Nurse Practitioner

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Gloss, Feodor, DO Reappointment Effective:	Post Anesthesia Care June 30, 2013 thru June 29, 2015	Active Physician
Harrison, Ben, MD Reappointment Effective:	Orthopaedic/GU June 30, 2013 thru June 29, 2015	Active Physician

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ON MAY 22, 2013

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Anesthesiology (continued)

Parsaei, Shekofeh, MD Reappointment Effective:	Pediatric Anesthesia June 30, 2013 thru June 29, 2015	Active Physician
Saatee-Nadimi, Simin, MD Reappointment Effective:	Clinical Adult Anesthesia June 30, 2013 thru June 29, 2015	Active Physician
Staszkiewicz, Andrzej, MD Reappointment Effective:	Adult Anesthesia May 26, 2013 thru May 25, 2015	Active Physician

Department of Correctional Health Services

Ali, Nagib, MD Reappointment Effective:	Internal Medicine June 30, 2013 thru June 29, 2015	Active Physician
Baker, Terrance, MD Reappointment Effective:	Family Medicine June 30, 2013 thru June 29, 2015	Active Physician
Khan, Marghoob Ahmad, MD Reappointment Effective:	Family Medicine May 26, 2013 thru May 25, 2015	Active Physician
Taylor, Brenda Jean, DDS Reappointment Effective:	Dentistry May 26, 2013 thru May 25, 2015	Active Dentist

Department of Emergency Medicine

Nordquist, Erik, MD Reappointment Effective:	Adult Emergency Medicine June 21, 2013 thru June 20, 2015	Active Physician

Department of Family Medicine

Barnes, LaVerne, DO Reappointment Effective:	Family Medicine May 22, 2013 thru November 21, 2013	Voluntary Physician
Kamdar, Shivani, MD Reappointment Effective:	Family Medicine June 20, 2013 thru June 19, 2015	Active Physician

Department of Medicine

Adeyemi, Oluwatoin, MD Reappointment Effective:	Infectious Diseases June 17, 2013 thru June 16, 2015	Active Physician
Barker, David E., MD, MPH Reappointment Effective:	Infectious Diseases/Core June 19, 2013 thru June 18, 2015	Active Physician

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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Medicine (continued)

Guerra, Yannis S., MD Reappointment Effective:	Endocrinology July 18, 2013, thru July 17, 2015	Active Physician
Littleton, Stephen W., MD Reappointment Effective:	Pulmonary/Critical Care July 28, 2013 thru July 27, 2015	Active Physician
Macias Huerta, Carmen, MD Reappointment Effective:	Pulmonary/Critical Care June 21, 2013 thru June 20, 2015	Active Physician
Mishra, Satya, MD Reappointment Effective:	Gastroenterology June 16, 2013 thru June 15, 2015	Active Physician
Perumal, Kalyani, MD Reappointment Effective:	Nephrology/Hypertension August 26, 2013 thru August 28, 2015	Active Physician
Rezai, Katayoun, MD Reappointment Effective:	Infectious Diseases June 30, 2013 thru June 29, 2015	Active Physician
Thomas, Tin T., MD Reappointment Effective:	Internal Medicine/Core June 30, 2013 thru June 29, 2015	Active Physician

Department of Obstetrics and Gynecology

Nguyen, Tuan M., MD Reappointment Effective:	Maternal Fetal Medicine June 30, 2013 thru June 29, 2015	Active Physician
Schmidt, Julie, MD Reappointment Effective:	Ob/Gyne June 30, 2013 thru June 29, 2015	Active Physician

Department of Pediatrics

Senko, John, MD Reappointment Effective:	Pediatrics/ER June 30, 2013 thru June 29, 2015	Active Physician

Department of Radiology

Basu, Anupam, MD Reappointment Effective:	Radiology Oncology June 17, 2013 thru June 16, 2015	Active Physician
Egiebor, Osbert, MD Reappointment Effective:	Special Imaging June 16, 2013 thru June 15, 2015	Active Physician
Flowers, Calvin, MD Reappointment Effective:	Radiology/OFH May 26, 2013 thru May 25, 2015	Active Physician

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John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Radiology (continued)

Gilkey, Susan, MD Reappointment Effective:	Abdominal Imaging June 18, 2013 thru June 17, 2015	Voluntary Physician
Pisaneschi, Mark J., MD Reappointment Effective:	Out-Patient Radiology June 18, 2013 thru June `7, 2015	Active Physician
Shor, Merrick, MD Reappointment Effective:	Special Procedure June 16, 2013 thru June 16, 2015	Active Physician
Thakrar, Harishchandra, MD Reappointment Effective:	Radiation Oncology June 17, 2013 thru June 16, 2015	Consulting Physician

Department of Surgery

Adkins, Linda, OD Reappointment Effective:	Ophthalmology June 21, 2013 thru June 20, 2015	Optometrist
Crawford, Clifford, MD Reappointment Effective:	General Surgery June 21, 2013 thru June 20, 2015	Active Physician
Kumar, Arvind, MD Reappointment Effective:	Otolaryngology outpatient only June 21, 2013 thru June 20, 2015	Voluntary Physician
Magnani, Jason, MD Reappointment Effective:	Orthopaedic June 21, 2013 thru June 20, 2015	Active Physician

Renewal of Privileges for Non-Medical Staff

Duda, Joan M., CNS With Bokhari, Faran, MD Effective:	Trauma / Clinical Services May 22, 2013 thru May 21, 2015	Clinical Nurse Specialist
Force, Katherine A., PA-C With Rezai, Katayoun, MD Alternate Lubelchek, Ronald J., MD With Schmidt, Julie B., MD Alternate Cejtin, Helen, MD Effective:	Medicine / Infectious Disease Obstetrics and Gynecology May 22, 2013 thru May 21, 2015	Physician Assistant
Martell, Sandra L., CNP With Murray, Linda Rae, MD Effective:	Medicine / Occ. Medicine/Pulmonary May 22, 2013 thru May 21, 2015	Nurse Practitioner
McLean, Mary T., CNP With Grevious, Mark A., MD Effective:	Surgery / Plastic Surgery May 22, 2013 thru May 21, 2015	Nurse Practitioner
Reed-Davis, Freddie, CNP With David, Richard J., MD Effective:	Pediatrics / Neonatology May 22, 2013 thru May 21, 2015	Nurse Practitioner

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John H. Stroger, Jr. Hospital of Cook County (continued)

Non-Medical Staff Change in Privileges

Cohen, Claudette R., PA-C With Feldman, Elizabeth, MD Alternate Zawitz, Chad J., MD	Correctional Health Services	Physician Assistant
Reyes, Margaret E., CNP With Smith, Nora M., MD	Family Practice / ACHN	Physician Assistant

Medical Staff Status Change with no change in privileges

Arruda, Jose, MD	from Consulting Physician to Voluntary Physician
Cohen, Robert A.C., MD	from Active Physician to Voluntary Physician
Sethi, Puja MD	from Active Physician to Voluntary effective 5/31/13

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Provident Hospital of Cook County

Medical Staff Reappointments and Action Items subject to approval by the CCHHS Quality and Patient Safety Committee

REAPPOINTMENT APPLICATIONS

Department of Radiology

Kelekar, Anita, MD Reappointment Effective:	Radiology May 22, 2013 thru May 15, 2015	Affiliate Physician

Department of Internal Medicine

Hamb, Aaron, MD Reappointment Effective:	Internal Medicine August 01, 2013 thru July 31, 2015	Active Physician
Littleton, Stephen, MD Reappointment Effective:	Pulmonary July 28, 2013 thru July 27, 2015	Affiliate Physician
Mishra, Satya M., MD Reappointment Effective:	Gastroenterology June 16, 2013 thru June 15, 2015	Affiliate Physician
Pulvirenti, Joseph J., MD Reappointment Effective:	Infectious Disease May 22, 2013 thru May 21, 2015	Voluntary Physician
Wright, Lester A., MD Reappointment Effective:	Internal Medicine June 19, 2013 thru June 18, 2015	Active Physician

Department of Obstetrics and Gynecology

Patel, Ashlesha, MD Reappointment Effective:	Ob/Gyne May 22, 2013 thru April 17, 2015	Affiliate Physician

Medical Staff Status Change

Ray, Vera., MD	from Voluntary Physician to Consulting Physician with no change in privileges

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